

Kiel. The old observation that passive congestion of the lungs provided or seemed to provide immunity against tubercular infection led to the suggestion that induced congestion of a part might have a like effect. This was done by bandaging the parts above and below the affected joint. If, for example, the elbow joint were affected, the fingers, hand and arm are bandaged up to a point immediately below the articulation, while directly above it the arm is next encircled with an inch-wide elastic band, sufficiently tight to impede but not arrest the circulation, passive congestion of the intervening zone being thus induced. The skin has to be protected from the direct pressure of the elastic band by a piece of lint or bandage beneath it. Splints are wholly unnecessary, and the limb may be used as much as the fact of its imprisonment in bandages will allow. The method is somewhat painful for a day or two in the beginning, but discomfort soon disappears. The author refers to cases of tubercular synovitis of the elbow, tuberculous ulceration of the skin, tuberculous knee joint disease and tuberculous epididymitis. The method is applicable to tuberculosis of the skin and the synovial membranes, but not to disease of the cartilage or bone.—*London Lancet*, November 19, 1892.

III. Tenotomy by the Open Method for Contracted Knee. By FREDERICK TREVES, F.R.C.S. (London). A woman, aged twenty-one, had a contracted knee resulting from tuberculous joint disease of four years' duration. The knee had been at first immobilized for seven months, from which permanent stiffness of the limb resulted; eight months later an abscess formed in the outer part of the popliteal space, ultimately opening and continuing to discharge for six months. A few months later a tuberculous ulcer formed over the outer malleolus and persisted for two years. The author readily relieved this by scraping and grafting. The limb was in the position of semi-flexion, and suspension from bands about the ankles and thigh, with a weight upon the knee, and later the use of a back splint, failed to secure improvement. The author then dissected up a rectangular flap, including the whole integumentary covering of the popliteal space, and divided the tendons of the semi-membranosus

and semi-tendinosus muscles and the ilio-tibial band of the fascia lata; much cicatricial tissue was divided in the hollow of the ham, and this seemed to be the principal cause of the contraction. The limb was fully extended without the application of any force, the wound closed and an anterior splint applied; a back splint was applied later, and still later a plaster splint. The patient was discharged on the forty-third day, able to walk and with a slight amount of motion in the joint. The author remarks that while he still holds to the subcutaneous operation with certain tendons, such as the tendo-Achillis, where the division can readily be made through a small aperture, he now resorts to the open method with other tendons, among which he mentions the sterno-mastoid. He adduces the inflammatory reaction and consequent joint stiffness which would have followed the violent measures necessary to "break down" the adhesions in the present case as a strong reason for using the open method.—*London Lancet*, November 19, 1892.

JAMES E. PILCHER (U. S. Army).

IV. Two Rare Luxations. By Dr. HERLOFSEN (Christiana, Norway).

I. *Anterior, External and Incomplete Luxation of the Foot, with Fracture of the Fibula.*—N. R., twenty years of age, was leading an ox by a rope attached to his body. The animal chased and tossed him to the length of the rope, and he fell flat upon the ground. The ankle joint was found quite swollen and enlarged. The foot abducted and inclined toward the fibula and sole. The long axis of the tibia passed downward, inward, backward and by the foot. The articular surface of the astragalus was partially to be felt anterior to the tibia. The external malleolus was with difficulty palpable, and the outer margin of the astragalus was perceptible on the outer side of the external malleolus. Over this point greater sensitiveness to pressure and indistinct crepitus. There was an extensive subcutaneous effusion of blood, especially upon the tibial side. The foot was somewhat passively movable. The dislocation was reduced under narcosis, with exertion of great force, by traction, dorsal and fibular flexion,